

**Western Saw Manufacturers, Inc**  
**Employment Application – Short Form**

An Equal Opportunity Employer

**Please Print**

\_\_\_\_\_ Date \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

**Present Address**

\_\_\_\_\_ No. & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Permanent Address (if different from present address)**

\_\_\_\_\_ No. & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_ Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

**Employment Desired**

Position applying for: \_\_\_\_\_

**Personal Information**

Have you ever applied to or worked for Western Saw before?

Yes  No

If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for Western Saw?

Yes  No

If yes, state name(s) and relationship:

\_\_\_\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_

Why are you applying for work at Western Saw?

\_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work? ..... Yes  No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) ..... Yes  No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? ..... Yes  No

**Western Saw Manufacturers, Inc**  
Employment Application – Short Form – Page 2

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? .....  Yes  No  
 If no, describe the functions that cannot be performed.

\_\_\_\_\_

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.) .....  Yes  No  
 If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

\_\_\_\_\_

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances, and the relevance of the offense to the position(s) applied for may, however, be considered.)

**Education, Training and Experience**

School	Name and Address	No. of years Completed	Did you Graduate?	Degree or Diploma
<b>High School</b>	Name _____	_____	Yes	No _____
	Address _____			
	City _____ State _____ Zip _____			
<b>College/ University</b>	Name _____	_____	Yes	No _____
	Address _____			
	City _____ State _____ Zip _____			
<b>Vocational / Business</b>	Name _____	_____	Yes	No _____
	Address _____			
	City _____ State _____ Zip _____			
<b>Health Care Training</b>	Name _____	_____	Yes	No _____
	Address _____			

# Western Saw Manufacturers, Inc

## Employment Application – Short Form – Page 3

### Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

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Name of Employer	Telephone Number
Type of Business	Your Supervisor's Name
Address & Street	City State Zip
Dates of Employment: From	To Weekly Pay: Starting
Ending	

Your Position and Duties

Reason for Leaving

May we contact this employer for references? .....  Yes  No

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Name of Employer	Telephone Number
Type of Business	Your Supervisor's Name
Address & Street	City State Zip
Dates of Employment: From	To Weekly Pay: Starting
	Ending

Your Position and Duties

Reason for Leaving

May we contact this employer for references? .....  Yes  No

Note: Attach additions page(s) if necessary.

### References

List below three persons not related to you who have knowledge of your work performance within the last three years.

Last Name	First Name	Telephone No.
No. & Street	City	State Zip
Occupation	No. of Years Acquainted	

**Western Saw Manufacturers, Inc**  
**Employment Application – Short Form – Page 4**

**References, continued**

Last Name	First Name	Telephone No.	
No. & Street	City	State	Zip
Occupation	No. of Years Acquainted		
Last Name	First Name	Telephone No.	
No. & Street	City	State	Zip
Occupation	No. of Years Acquainted		

**Please Read Carefully, Initial Each Paragraph and Sign Below**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my  
*Initials* chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize Western Saw Manufactures to thoroughly investigate my references, work  
*Initials* record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview which  
*Initials* may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's designated representative.

**Western Saw Manufacturers, Inc**

Employment Application – Short Form – Page 5

\_\_\_\_\_ Should a search of public records (including records documenting an arrest, indictment,  
*Initial* conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal  
personnel employed by the Company. I am entitled to copies of any such public records obtained  
by the Company unless I mark the check box below. If I am not hired as a result of such  
information, I am entitled to a copy of any such records even though I have checked the box  
below.

I waive receipt of a copy of any public record described in the paragraph above

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature